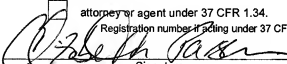


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|---|----------------------------------|---|--------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i> | | Docket Number (Optional) N9810.0031/P031 | |
| Application Number | 10/671,717-Conf. #2024 | Filed | September 29, 2003 |
| For BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING ONDANSETRON | | | |
| Art Unit | 1616 | Examiner | M. Haghigatian |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee | Small Entity Fee |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$130 | \$65 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$490 | \$245 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1110 | \$555 |
| <input checked="" type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$1730 | \$865 |
| <input type="checkbox"/> | | \$2350 | \$1175 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1073</u> . | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,499</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if filing under 37 CFR 1.34 _____ | | | |
|  Signature | | December 7, 2009 Date | |
| Elizabeth Parsons Typed or printed name | | (202) 420-2611 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |